

Adult Social Care and Health Committee

Monday, 05 October 2015 at 10:30

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 7 September 2015 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Adult Social Care and Health - Overview of Current Developments | 7 - 20 |
| 5 | Proposal to Consult on Establishing a Local Authority Trading Company for Delivery of Adult Social Care Direct Services | 21 - 38 |
| 6 | National Consultation on Reform of Deprivation of Liberty Safeguards | 39 - 46 |
| 7 | Integrated Community Equipment Loans Service (ICELS) | 47 - 54 |
| 8 | Progress on Directly Provided Short Breaks for Adults with a Learning Disability and the Shared Lives Scheme | 55 - 60 |
| 9 | Performance Update for Adult Social Care and Health | 61 - 66 |
| 10 | Work Programme | 67 - 74 |
| 11 | Care Home Provider Contract Suspensions | 75 - 78 |

- 12 Exclusion of the Public
The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

Note

If this is agreed, the public will have to leave the meeting during consideration of the following items.

- 13 Exempt Appendix to Item 11: Care Home Provider Contract Suspensions

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 7 September 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Alan Bell (Vice-Chair)

John Cottee
Sybil Fielding
Mike Pringle
Andy Sissons
Pam Skelding

Stuart Wallace
Jacky Williams
Yvonne Woodhead
Liz Yates

OFFICERS IN ATTENDANCE

Sue Batty, Service Director, ASCH&PP
Carl Bilbey, Conservative Group Research Officer
Paul Davies, Advanced Democratic Services Officer, PPCS
Peter Davis, Interim Service Director, ASCH&PP
Anna Jakeman, Business Support Administrator, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
David Pearson, Corporate Director, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 15 July 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Pringle had been appointed in place of Councillor Payne.

DECLARATIONS OF INTEREST

There were no declarations of interest. Councillor Sissons referred to lobbying in connection with the County Horticulture item, and was advised that this did not constitute an interest to declare.

PROVISIONAL HEALTH BUDGET UPDATE INCLUDING PROPOSALS FROM THE VANGUARD SITE

RESOLVED 2015/060

- (1) That the update on the work being carried out in partnership with Bassetlaw CCG, the South and Mid Nottinghamshire County CCGs and Nottingham City CCG to deliver Personal Health Budgets for people with Continuing Healthcare and Long Term Conditions be noted.
- (2) That the Committee receive an update report on 30 November 2015.

CONSULTATION ABOUT THE FUTURE OF THE COUNTY HORTICULTURE SERVICE

After the recommendation had been moved by the Chair and seconded by the Vice-Chair, Councillor Wallace moved the following amendment, which was seconded by Councillor Cottee:

- Delete paragraphs 2, 3, 4 and 5
- Insert new paragraph 2 to state "Postpones any decision on the Future of the County Horticulture service pending an all-party meeting on 16 September 2015 to discuss the County Council Budget."

The amended motion would read that the Committee

- 1) Notes the result of the consultation exercise
- 2) Postpones any decision on the Future of the County Horticulture Service pending an all-party meeting on 16 September 2015 to discuss the County Council Budget.

The Committee was adjourned from 11.05 to 11.20 am, after which the amendment was debated and put to the vote. The amendment not carried.

The report was then introduced by officers, and discussed by members. The recommendation was put to the vote, and it was:

RESOLVED 2015/061

- (1) That the results of the consultation exercise be noted.
- (2) That the recommended option to establish an Employment and Skills Training Hub within the County Horticulture Service be approved.
- (3) That consultation be approved on the proposal that the current service users be subject to the agreed Council charges for transport and meals provision.
- (4) That the investment of £62,500 into staffing be approved.
- (5) That a further report be presented in due course proposing a revised staffing structure for the new service following consultation.

TRANSFORMING CARE (WINTERBOURNE) UPDATE REPORT

RESOLVED 2015/062

That the national profile of this piece of work be noted, and six monthly updates, or more frequently if there is specific progress or issues to report, be sent to Committee on progress against the fast track targets and the action plan.

WORK PROGRAMME

RESOLVED 2015/063

That the work programme be noted, subject to the inclusion of

- update on Personal Health Budgets on 30 November 2015
- consultation regarding County Horticulture and regular updates on the changes to the service
- continued updates on Transforming Care (Winterbourne)

The meeting closed at 12.40 pm.

CHAIR

5 October 2015**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT
DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a range of developments and activities that are, and have been, taking place across the department. This is the first report of its kind and is intended to reduce the number of separate reports that are for information only by combining these into a single report.
2. The report also seeks Committee approval for an extension to the Data Input Team and an additional half time Occupational Therapy (OT) post to support the Short Term Assessment and Reablement Team for Broxtowe, Gedling and Rushcliffe.

Information and Advice

3. This overview report provides information on: the key issues covered by the Health and Wellbeing Board over the last 6 months; progress on the provision of personal budgets for people with dementia; progress with regard to organisational redesign in the department; progress on savings projects covered by the younger adults residential and community care delivery group, and progress on the national Just Checking pilot that the department is involved with. The two final sections provide details on the request for approval of extension of the Data Input Team and establishment of a half time OT post as identified above.

Health and Wellbeing Board Update

4. The Health and Wellbeing Board is the vehicle by which councils are expected to exercise their lead role in integrating the commissioning of health, social care and public health services to better meet the needs of individuals and families using the services. Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies are key to this process. The Board is chaired by Councillor Joyce Bosnjak.
5. The Committee received a report in January 2015 on the work and priorities of the Board over the previous six months. This update covers the period from December 2014 to July 2015. During that period there have been five meetings. There are several Health and Wellbeing Stakeholder network events planned before the end of this year.

6. At the December 2014 meeting, there was a focus on mental health issues including the Nottinghamshire Children and Adolescent Mental Health Service (CAMHS) pathway review update and the Mental Health Crisis Care Concordat. The Board also reviewed the Health and Wellbeing Strategy that had been approved in March 2014 and the Delivery Plan agreed in October 2014.
7. At February's meeting, the Board considered the NHS Five Year Forward View, and the South Nottinghamshire Transformation Programme Partnership Compact. This report explained that partners from twelve statutory health and social care organisations across South Nottinghamshire, including the County Council, had agreed to establish a 'Compact' that set out their commitment to partnership working to deliver improved health and wellbeing for local citizens through the reshaping of the health and social care system.
8. At the March Board there were presentations by each of the three planning units (South, Mid-Notts and Bassetlaw) on the issues relating to urgent and emergency care. The Board was asked to approve the Better Care Fund section 75 pooled budget for 2015/16 and to note the governance of the agreement. The pooled budget is hosted by the Council. There was also a summary of the progress made by the Health and Wellbeing Implementation Group, such as evidence of good progress against the priority 'to provide services which work together to support individuals with dementia and their carers', including the launch of a new local information website for carers (Dementiacarers.net) and increasing dementia diagnosis rates across the County in line with the target set by NHS England.
9. In April, the meeting looked at key findings from the peer challenge that was undertaken on the Health and Wellbeing Board in February 2015. The main findings were focussed on the key themes of strategic leadership, communication and engagement and governance and support. The Board also considered the outcomes of the Nottinghamshire Learning Disability Self-Assessment as reported to the Public Health Observatory in January 2015. This was the second year of a joint health and social care assessment. Information for the assessment was also gathered about and directly from carers, service users, the criminal justice system, providers and district councils. The report highlighted the areas where the local rating had improved and where further action was required.
10. In June the Health and Wellbeing Board looked at performance against the Better Care Fund targets. At the end of 2014/15 four of the six key performance indicators were on track. The biggest challenge for delivery was non-elective admissions to hospital but the report showed there is a lot of work planned for 2015/16 to support the delivery of all the performance indicators. Schemes are already underway that have been successful in delivering the 4 hour standard for A&E more recently. There was also a report on breastfeeding in the County and the development of a Nottinghamshire framework for action to increase the prevalence of this.
11. In addition there was a report on how friendly the County's health services are to young people, which included the outcomes of a mystery shopper programme undertaken by users of the County Council's Youth Service. The Board thought that the mystery shopper programme was really positive and supported further

development of it through the Nottinghamshire Young People's Health Steering Group. They also supported an event to be held on 13 August 2015 to look at the findings of the mystery shopper work and young people's health and welcomed any opportunity to build the confidence of young people in health services.

Update on the project with the Alzheimer's Society to develop Personal Budgets for people with dementia

12. The Council funded a project with the Alzheimer's Society from 2013-14 to improve how Personal Budgets and Direct Payments work for people with dementia and their carers. The project was completed in June 2014 and a report with recommendations was approved by Committee in July 2014. The Committee also requested an update on progress with the recommendations twelve months on.
13. The key priorities for the project were to:
 - identify and overcome barriers experienced by people with dementia and their carers in accessing personal budgets and direct payments
 - develop accurate recording of performance data about people with dementia to ensure resources are available to meet current and future demand for support
 - improve access to good quality information and advice about personal budgets and direct payments
 - raise awareness of dementia and the support available through close partnership working with key operational staff and partner agencies, and identify and build on the good practice already in place locally and nationally.
14. The project was very successful at achieving these priorities. The number of people with dementia receiving Direct Payments has increased; at the start of the project 143 people with dementia were recorded in Framework as receiving a Direct Payment; a recent audit showed this number has increased to 295 – this represents a significant increase.
15. This reflects a number of improvements in processes and practice including:
 - improved recording of information in Framework
 - increased staff knowledge, skills and confidence in promoting and arranging Direct Payments
 - access to good quality information about Direct Payments for people with dementia through the Council leaflet 'Improving people's lives - Information about Personal Budgets and Direct Payments'
 - greater awareness about living well with dementia and the range of services and support networks available to people with dementia and their carers
 - stronger partnership between the Alzheimer's Society and the Council, which continues to be a firm alliance.
16. The use of Personal Budgets and Direct Payments for people with dementia had been recognised as a particular challenge for local authorities. The project showed that they can work well to divert and delay admission into long term care, deliver good outcomes for people with dementia and are cost effective when combined with support from carers.

Update on organisational redesign in assessment and care management teams

17. In November 2013 savings proposals in Assessment and Care Management were outlined in a published section 188 notice. A summary of the savings required is below:

- Assessment & Care Management, Older Adults (B01) £ 659,000
- Reduction of Social Care Staff in Hospitals (B03) £ 196,000
- Younger Adults Assessment & Care Management (B07) £1,000,000

The original delivery profile was proposed as:

	Published Outline Business Case (OBC) profile			
	Year 1 £000	Year 2 £000	Year 3 £000	Total £000
B01	165	494	0	659
B03	49	147		196
B07	50	1,100	250	1,400*
Totals	264	1,741	250	2,255

** B07 delivery profile also includes an additional £400,000 to account for unfunded posts.*

18. The proposals for the above OBCs were to achieve these savings by staff reductions. The FTE (full time equivalent) reductions to achieve these savings are below:

- Assessment & Care Management, Older Adults (B01) 20 FTE
- Reduction of Social Care Staff in Hospitals (B03) 7 FTE
- Younger Adults Assessment & Care Management (B07) 51 FTE*

**This new YA structure is a 30FTE reduction from the previously agreed Organisational Redesign in 2012 but the additional 21FTE required to meet the 51FTE reduction reflects where teams were over established.*

19. For B07 the FTE reductions are split across the three disciplines and the countywide teams as summarised overleaf:

	Mansfield/Ash FTE	New/Bass FTE	Broxtowe/Gedling/Rushcliffe FTE	Total FTE
Mental Health	3.4	5	10.6	19
Learning Disabilities	4.8	7.9	5	17.7
Physical Disabilities	4.4	3.1	4.2	11.7
Countywide Teams				2.7
Totals				51.1

20. The number of reductions required included a number of vacancies across assessment and care management, which lowered the number of actual staff reductions required. There were approximately 30 FTE vacancies that corresponded with the planned reductions; these vacancies were held specifically in order to achieve the required savings for 2014/15.
21. Alongside the work to delete vacancies, existing secondment arrangements were reviewed and this reduced the number of physical reductions required further as approximately 14 FTE gave up substantive posts within the Assessment and Care Management structure for posts elsewhere.
22. The actual reductions could not take place until forecasts of the Care Act staffing requirements had been developed. This added a significant delay to the delivery of savings but was deemed critical in order to retain experienced staff across the department.
23. The table below shows a comparison of FTE reductions (after deleting vacancies and those who relinquished substantive posts) required to achieve the organisational redesign savings (OBCs B01, B03, B07) against the increase in FTE posts required for the Care Act from April 2015.

Post	Org Redesign Reductions (FTE)	Care Act Requirements 2015/16 (FTE)	Difference (FTE)
Advanced Social Work Practitioner	1.7	1.1	-0.6
Social Worker	11.2	22.2	+11.0
Community Care Officer	13.9	16.5	+2.6
Occupational Therapist	0	3.4	+3.4
Promoting Independence Worker	5.3	0.0	-5.3
Team Leader	2.0	0.0	-2.0
Total	34.1	43.2	9.1

24. The above table shows that for the majority of posts the anticipated requirements of the Care Act exceed the number of proposed reductions. Given this, it was agreed

at Committee in February 2015 that the staff reductions planned for April 2015 would not be implemented.

25. While the net effect of the Care Act modelling showed that no overall reductions were required, in the main the additional Care Act resources were anticipated in Older Adults meaning that the Younger Adults service were still required to achieve the reductions with displaced staff expected to move where appropriate to the Older Adults Service.
26. The Care Act workforce modelling that was completed to identify the additional resource required was split into two parts with the requirements for Part 1 and Part 2 being identified separately.
27. Part 1 of the Care Act relates to the social care reforms and represented a significant change in the way the department is now required to deliver services and added a number of new responsibilities for the Council. Modelling for Part 1 indicated:
 - an additional 26 FTE posts required across the department
 - 17 FTE of the 26 FTE posts were required in Assessment and Care Management Teams.
28. Part 2 of the Care Act (now postponed) in relation to the financial reforms, while anticipated to have large financial implications for the Council had less significant impact on the way the department operates but was anticipated to increase the volumes of assessments. Modelling for Part 2 indicated:
 - an additional 32 FTE posts required across the department
 - 24 FTE of the 32 FTE posts were required in Assessment and Care Management Teams
 - Only 10 FTE of the 24 FTE posts identified in Assessment and Care Management were approved to be recruited to in the first instance until presenting demand could be assessed. (So of all the posts currently out to recruitment across the department only 10 of these relate specifically to Part 2 of the Care Act for Assessment and Care Management Teams).

Pressures and Demand in Assessment and Care Management

29. The reductions for OBC BO7 in Younger Adults, as outlined above, have been achieved and the Younger Adults Service has seen a 51 FTE reduction in staffing since 2013.
30. Due to the protracted nature of the organisational redesign caused by the need to reassess the proposals on a number of occasions, for the reasons already identified, a number of staff left the service meaning that there was not a large number of displaced staff available to be redeployed into the additional Care Act posts and the numbers of vacancies across the service has grown.

31. The current recruitment campaign shows a number of gaps across the assessment and care management structure and these are summarised below:

Vacancy Type	FTE
Permanent Vacancies	21
Care Act Temporary Posts	8.5
Other Temp Posts*	22.5
Total	52

**Other temporary posts account for maternity cover, long term absence cover, temporary posts funded by partners and temporary posts that are not due to the Care Act.*

32. In addition to the above 52 FTE vacancies, there are a further 28 FTE Community Care Officer (CCO) and Social Worker vacancies across other areas of the department, such as Adult Access, Multi-Agency Safeguarding Hub (MASH) and Strategic Commissioning.
33. In a number of cases Group Managers have expressed concerns about the new structure's ability to cope with the existing demand given the reduced capacity and in a number of areas additional posts, following business cases, have already been re-established, reductions postponed, teams reconfigured or new temporary posts approved. In these cases the justification has been the demand from business as usual. This includes:
- additional 0.5 FTE Advanced Social Work Practitioner (ASWP) in Mental Health South as the new structure left the South (including Hucknall) requiring ASWP resources in proportion to other Mental Health Teams across the structure
 - reconfiguration of the Asperger's Team to increase the ASWP by 0.5 FTE (from a reduction in CCO posts) to provide senior staff coverage following the 0.5 FTE reduction at Team Manager level
 - temporary increase by 4 FTE (2 FTE Social Workers, 2 FTE CCOs) in Learning Disabilities across North and Mid Notts; this was to reflect the fact that whilst the resources in the new structure were split evenly across the three localities the demand for the service is greater in North and Mid Notts.
 - a postponement of the reduction of 1 FTE Social Worker in Newark Older Adults Team as it is felt that the proposed reductions would leave the service in an unsafe position.
34. The postponement of Part 2 of the Act means that a proportion of the predicted increases will not happen, however the changes as a result of Part 1 have been significant and an increased capacity is still required. While the funding for the Part 1 posts is temporary the responsibilities on the Council are not and it is expected that this increased capacity will be a permanent requirement going forward.

Summary of Organisational Redesign, the impact of the Care Act and other pressures on the Assessment and Care Management structure

35. In summary the original organisational redesign has been largely achieved with permanent staffing budget reductions and temporary support from Care Act funds. The younger adults' service has a new structure in place and some older adults service reductions were not made due to the anticipated increase in demand from the Care Act and the additional resources that would be required.
36. Group Managers are reporting significant pressures across the services particularly in younger adults services, which is reflected in the examples above where changes to the new structure or short term support has been necessary to deliver services. Significant increases in demand for Deprivation of Liberty Safeguards assessments, along with unfilled vacancies, have also increased the pressure across the new assessment and care management structure.
37. The increased responsibilities on the Council as a result of the social care reforms (Part 1 of the Care Act) have required a significant change in the way the service works and this has again added further pressure on service delivery.
38. The department is currently reviewing all existing pressures and anticipated future demand for services as well as how these can be effectively managed and will report these findings back to this Committee with further proposals.

Update on Community and Residential Care Savings Projects for Younger Adults

39. This update relates to projects falling under the remit of the Younger Adults Community Care and Residential Care Spend Delivery Group. The Delivery Group is responsible for ensuring the successful completion of the following savings projects:

	2014/15 £	2015/16 £	2016/17 £	2017/18 £	Total £
Reducing the average community care budget - Younger Adults	925,000	1,369,000	925,000	172,500	3,391,500
Reduction in Long Term Younger Adult Care Placements	550,000	550,000	423,000	0	1,523,000
Development of Reablement in Physical Disability Services	150,000	150,000	0	0	300,000
Managing Demand in Younger Adults	175,000	200,000	0		375,000
Expansion of Community Based Care & Support Options for Day Support	0	50,000	100,000	100,000	250,000
Total	1,800,000	2,319,000	1,448,000	272,500	5,839,500

40. With regard to reducing the average community care budget for Younger Adults, there are several work streams as follows:
- review of physical disability community care packages by the Central Review Team – this year to date the team has undertaken 168 reviews relating to packages of service users with physical disabilities, with a view to providing support that promotes independence as well as being cost effective for the Council. Indicative savings of £67,733 for the year have been achieved.
 - Double to Single Care - in four of the 20 pilot cases undertaken from September 2014 to April 2015 with existing homecare service users requiring assistance from two carers, a reduction to one carer for some of their daily visits was possible
 - Care Support and Enablement (CSE) Provider Package Reductions - the target savings for 2015/16 was achieved through package reductions over 2014/15, which were achieved in a number of ways, including providing care in a different way whilst still meeting people's needs
 - reduction or cost avoidance of Young Adults community care packages by use of Assistive Technology - there has been a 70% increase in Assistive Technology (AT) installations between 1 April and 31 August 2015 compared to the same period last year. A streamlined Frameworki AT process and online information resource for staff went live on 7 September 2015.
41. In relation to the reduction in long term younger adult care placements, the target of 40 people successfully moved from residential care into supported living was achieved over 2014/15. However, there was slippage of £162,000 savings into 2015/16 for a number of reasons, including project resource being diverted to meet the requirements of the Department of Health's Winterbourne View report.
42. It has also taken time to develop an effective list of approved housing providers. Whilst capital funding to develop new larger schemes will help to increase the availability of suitable accommodation, these take time to develop.
43. Work on reablement in physical disability services and managing demand in younger adults has involved development of a new episode in Frameworki which will allow a focussed, goal orientated approach across all younger adult teams that is time limited and aims to reduce or delay the need for longer-term care. It will also track and evidence outcomes from the reablement intervention that will align with other departmental reporting requirements (e.g. START).
44. Links are being made with a revised and expanded 'Promoting Independence for Vulnerable Adults' service that will commence in January 2016, to ensure alignment with the younger adult reablement pathway. Work is also being undertaken to tailor the pathway with the preventative and diversion work that will be undertaken at the Customer Service Centre.
45. Regarding the expansion of community based care and support options for day support, this project aimed to work with the voluntary and community sector to broker more creative and informal packages of daytime support as an alternative to formal and institutional day care arrangements for people with low level needs for daytime support.

46. However, for a number of reasons on reviewing the project it is apparent that the current cost of the provision is less than alternative solutions and hence it is unlikely that savings will be generated through this approach. Instead, it is more cost effective to concentrate on finding alternatives to formal day services for new users, as part of the plan for cost avoidance. Consequently, it has been decided not to progress further reductions in this service beyond those planned in the current year. The unachieved savings are predicted at £100,000 in 2016/17 and £100,000 in 2017/18.

Update on NHS Just Right Project

47. Nottinghamshire County Council is one of 11 local authorities that were invited to take part in the NHS Just Right project. The project uses the assistive technology system, Just Checking, to help assess the appropriate level of support for people with learning disabilities in supported living services, and combines this with adoption of the innovative person centred approach to support, called 'Just Enough'.
48. The overall aims of the project are to ensure that people with learning disabilities can be as independent as possible, and to inform the development of sustainable support packages at a time of rising demand and budget pressures. In Nottinghamshire, 16 supported living projects are taking part in the pilot, covering 55 people with learning disabilities. The project is still on-going, but the Just Checking system has already highlighted a number of unexpected findings in supported living schemes, including:
- identification of a service user opening the front door to strangers, who has now been supported to adopt safe doorstep practices, such as putting the chain on and asking for identification before opening the door
 - highlighting that creaking floorboards in one service are disturbing service users' sleep when people use the bathroom during the night
 - identifying that overnight waking support is not required in one service and monitoring the impact of changing this to sleep in support.
49. The project is being evaluated by Birmingham University and an outcomes report is due to be published later this year, but current indications are that the project will assist service providers in meeting the savings targets already included in the care, support and enablement contracts, whilst maintaining or improving outcomes for service users.

Data Input Team and approval of extension

50. The Data Input Team was established in 2013 to fulfil the following aims:
- to improve the commissioning of packages of adult social care
 - to reduce associated financial risk
 - to help to maintain timely records
 - to improve data quality
 - to improve the effectiveness of social workers' time.
51. The team currently consists of 10 full time equivalent posts which are already approved until March 2016. The team regularly undertakes the following duties,

which has the benefit of releasing the time of social care staff to enable them to undertake other activities, including increased face to face time with service users and increased assessment work due to the implementation of the Care Act:

- recording on to Frameworki the social care and support services that have been agreed by the social care staff and approved by the budget holder
- ensuring the financial information used to establish commitments is accurate to enable budget holders to undertake their monitoring and forecasting activities
- generating purchase orders
- informing operational social care staff of completion of the commissioning episode on Frameworki and confirming the start date for the care package.

52. Since April 2015 the Data Input Team has commissioned 8,000 support packages. In addition to incoming work the team has been undertaking work to improve the quality of information available on Framework.
53. Approval is now sought to extend the Data Input Team (10 FTE Business Support Assistant posts) from March 2016 for a further year (to March 2017) at a cost of £250,000 (with on-costs) from the Care Act funding, in order to continue to free up assessment capacity for social care teams. This team has a countywide remit but there are staff based at Lawn View House, Sherwood Energy Village and Sir John Robinson Way.

Establishment of an Occupational Therapy post

54. Approval is sought for an additional half time Occupational Therapy (OT) post for the START assessment team for Broxtowe, Gedling and Rushcliffe. The additional post would be funded from departmental reserves until 31 March 2016 and would make a current half time OT post into a full time post at an additional cost of £8,234.
55. The additional OT hours would enable more service users coming into the Short Term Reablement Assessment Team (START) to have an OT assessment, with a view to the OT setting rehabilitation goals working towards a reduction in long term care provision. The additional hours would assist OT staff to see more service users at an early stage as currently some service users are referred immediately for a Care and Community Support Assessment, when with OT input the package of care could potentially be reduced. Approval is therefore sought for an additional half time OT post until the end March 2016, when the additional hours and outcomes of the post would be reviewed.

Other Options Considered

56. The report highlights a number of developments and activities across the department for noting by the Committee. In addition the report includes two requests for approval of staffing by the Committee, which are considered as necessary to the effective operational management in the department at present.

Reason/s for Recommendation/s

57. These are laid out in the content of the report.

Statutory and Policy Implications

58. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

59. The financial implications are highlighted throughout the report, where applicable. The financial issues in relation to the younger adults' community and residential care spend savings projects are highlighted in **paragraphs 41 and 46**. The costs associated with the extension of the Data Input Team and the additional OT hours are identified in **paragraphs 53 and 54** respectively.

Human Resources Implications

60. The employment of the Data Input team employees will be extended and the OT vacancy will be recruited to

RECOMMENDATION/S

That the Committee:

- 1) notes the progress updates on work taking place across the department.
- 2) approves the extension of 10 fte Business Support Assistant (Grade 3) posts in the Data Input Team for one year from March 2016 to March 2017, at an annual cost of £250,000, funded from Care Act funding.
- 3) approves the establishment of a 0.5 fte Temporary Occupational Therapist (Band B) and the post allocated an authorised user status until 31st March 2016 to support the START team in Broxtowe, Gedling and Rushcliffe until the end of March 2016, at a cost of £8,234 to be funded from departmental reserves.

David Pearson,
Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Senior Executive Officer
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Constitutional Comments (LM 24/09/15)

61. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 24/09/15)

62. The financial implications are summarised in paragraph 59. Should the Council not receive Care Act funding next financial year, the cost of the DIT Team extension can be met from reserves.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report to the Adult Social Care and Health Committee, 5th January 2015: *Progress report on work of the Health and Wellbeing Board*

Report to the Adult Social Care and Health Committee, 7th July 2014: *Project with Alzheimer's Society to develop Personal Budgets for people with dementia*

Report to the Adult Social Care and Health Committee, 2nd February 2015: *Organisational Redesign and the Resources required for Care Act implementation*

Report to the Adult Social Care and Health Committee, 12th May 2014: *Overview of Savings Projects to be Delivered 2014/15 to 2016/17 by the ASCH&H Department*

Report to the Adult Social Care and Health Committee, 30th March 2015: *Transformation Resource – Overview of Departmental Requirements*

Report to the Adult Social Care and Health Committee, 7th July 2014: *Progress Update – Community and Residential Care for Younger Adults Savings Projects.*

Electoral Division(s) and Member(s) Affected

All.

5 October 2015

Agenda Item: 5

REPORT OF THE INTERIM SERVICE DIRECTOR FOR NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES

PROPOSAL TO CONSULT ON ESTABLISHING A LOCAL AUTHORITY TRADING COMPANY FOR THE DELIVERY OF ADULT SOCIAL CARE DIRECT SERVICES

Purpose of the Report

1. To seek approval to consult on the proposal to establish a local authority trading company for the delivery of a range of Adult Social Care Direct Services to the residents of Nottinghamshire.

Information and Advice

The current position

2. Nottinghamshire County Council (the Council) delivers a range of high quality directly provided Adult Social Care Direct Services (Direct Services). The sustainability of the services is challenged by the current financial position of the Council, and as a result it is proposed that alternative service delivery models are considered in order to secure a long term sustainable service.
3. This proposal is similar to the programmes of work to establish arm's length models of service delivery that are already underway for the Council's Highways and Library services. However, in contrast to those services, Direct Services is a range and variety of different services with varying degrees of interdependency to each other.
4. The Council's Direct Services portfolio has an annual operating budget of £33 million and comprises the following services:
 - Learning Disability Short Breaks
 - A Learning Disability Residential Unit
 - Shared Lives
 - Day Services
 - I-Work
 - County Enterprise Foods
 - County Horticulture and Work Training
 - START Reablement and Intermediate Care
 - Care and Support Centres.

5. Some of these services have been excluded from the proposal at this stage. The START Reablement and Intermediate Care service is aligned with the health function and is therefore not appropriate to be considered for inclusion in the Direct Services local authority trading company proposal. County Horticulture and Work Training is the subject of a separate proposal. The Care and Support Centres are already working to an approved strategy as part of the development of Extra Care housing and promotion of independent living programme.
6. The range of Direct Services in scope for this work is listed below:
 - three learning disability short break units – Wynhill Lodge, Holles Street and Helmsley Road
 - one learning disability residential home – Church Street
 - a Shared Lives scheme that provides care and support to all vulnerable adult groups in a paid carer's own home
 - nine buildings-based day services for mixed service user groups (subject to the proposal to close the day service based at Ollerton)
 - the I-work team that helps people with a learning disability into employment
 - County Enterprise Foods which produces and delivers meals for vulnerable people.
7. The combined operating budget for these services for 2015/16 is £17,097,594. The services employ a total of 561 staff members (474.4 FTE). The financial out-turn for the services over the last two full financial years and the budget allocation by service area for 2015/16 is shown in **Appendix 1**.
8. The services have experienced very significant revenue budgetary reductions over the last few years, whilst at the same time dealing with increased demand. The review of services has continued to focus on the delivery of high quality, personalised care and support services which are built on reablement principles to help people to remain living independently in their own homes.
9. Many of the services are integral to supporting service users to achieve their social care outcomes and whilst short term reductions in service can and have been made, these are not sustainable in the long term and the current model of provision will become unviable unless steps are taken to address the situation.
10. Whilst the services continue to sit within the Council further savings are likely to be required. Without the ability to attract new work and income streams and without adopting more flexible operating practices it will not be possible to sustain the current range, depth and quality of Direct Services. Adopting a commercial approach, securing external business and enhancing productivity has become paramount for the future viability and sustainability of the service.
11. As part of Nottinghamshire County Council's 'Redefining Your Council' programme, a preliminary in-house options appraisal has been undertaken to identify what might be the most appropriate model to deliver a sustainable Adult Social Care Direct Services service. This work has been based on five key principles:
 - ensure that service users and carers have the opportunity to continue to have their outcomes met

- ensure the services are sustainable in a competitive adult social care market
 - protect the long term future of staff working in these services
 - contribute to Council savings and to the 'Redefining Your Council' programme
 - allow for more flexibility and freedom to develop new and innovative services.
12. Of equal importance are the changes brought about by the Care Act 2014 which are wide-ranging and cover all adults with care and support needs and their carers. Councils must work with organisations that provide care and support services to make sure people have a choice of high quality services in their local area. If a care provider fails, the Council must make sure people using the service are supported.
 13. In undertaking the preliminary in-house options appraisal, the Council has sought advice from a range of existing companies in other local authority areas. Nationally, since 2010, local government has increased the variety and number of alternative delivery models it uses. £4billion is now awarded annually to these types of companies for the delivery of council services.
 14. Based on the conclusions of the preliminary work, the initial recommendation is that, based on the range of services identified, a local authority trading company is perceived to be the best developmental model to satisfy the above criteria. This model will best maintain the commitment and flexibility engendered by the public sector ethos whilst providing the opportunity to build on and enhance commercial skills. **Appendix 2** provides information about some local authority trading companies that are already in existence in other parts of the country. The options appraisal is available as a background paper to this report.
 15. Based on the initial recommendation, permission is sought to consult and engage with staff, service users and their carers and the public on the proposal at this early stage, in order to ensure that they can be involved in the subsequent development of any new company.
 16. Other delivery models (e.g. a registered charity or social enterprise) have been considered as part of the preliminary options appraisal but the advice of other companies who have gone through a similar process having been previously in-house is that moving directly to a radically different trading model presents a greater degree of uncertainty and risk than a local authority trading company. Other delivery models would involve a much more significant level of change for the Council and for staff and are perceived to take longer to establish and complete a transition to. However some local authority trading companies have evolved over time into other delivery models and this may be something that the Council may wish to consider for the new company in the future.
 17. A more detailed options appraisal will be required as part of the development of the full business plan to test the preliminary conclusion that a local authority trading model is the best model for both Nottinghamshire County Council and for the Direct Services described as in scope for this proposal; and to test that the services in scope are the optimum range of services to build a sustainable company on.
 18. Further work would also be required to develop the governance and contractual structure of the new company. It is likely that the Council will need to seek external legal advice to ensure that these are compliant with the legal framework within which the Authority

operates. An outline of the timescales for the work is shown in the table below (see also **Appendix 3** (flow diagram)):

Description	Date
<ul style="list-style-type: none"> • Consult with key stakeholders • Run an engagement programme with key stakeholders to design, develop and co-produce the new company • Develop a full business case 	October 2015 to April 2016
Member consideration of full business case for the new company	April 2016
Transition to the new company	May 2016 to December 2016
New company established	January 2017

The proposed new arrangement

19. The proposal remains at a very early stage and further appraisal may conclude that some of the other options discussed in the preliminary in-house options appraisal may merit further consideration. However, based on the preliminary recommendation, the following section sets out what a new arrangement could look like if the local authority trading company route was explored.
20. The proposed local authority trading company would be established as a “Teckal Company” (see a, b and c below for explanation) for the purposes of the Council making an award of a service contract to the new company to provide adult social care services. To meet the requirements of a Teckal arrangement, Regulation 12 of the Public Contract Regulations 2015 ("PCRs 2015") must be complied with. This Regulation codified 'Teckal arrangements' which had been established previously by case law. Regulation 12(1) provides an exception to the requirement that a contracting authority (i.e. the Council) complies with the PCRs 2015 when awarding a public contract where the following conditions are met:
 - a. the Council exercises over the new company concerned a control similar to that which it exercises over its own departments
 - b. more than 80% of the activities of the new company are carried out in the performance of tasks entrusted to it by the Council
 - c. there is no direct private capital participation in the new company.

This means that the proposed new company could provide services to persons other than the Council provided that this trading is less than 20% of the new company's activities.

21. Establishing a 'Teckal Company' is not a simple process and is open to complex legal interpretation. The Council will need to seek appropriate legal advice about this as the business case is developed.

22. In the preliminary assessment of services to be included in the new company, consideration has been given to the services which would be most likely to both benefit from the advantages offered up through the establishment of a local authority trading company and that also complement each other in terms of a suite of delivered services. These services are predicated on: meeting the service user needs and outcomes for adults with disabilities; supporting and promoting independence; and helping service users to obtain employment. The services, taken together, have the potential to provide an exciting future for a sustainable and integrated new trading company.
23. If the proposals are approved, it is anticipated that the newly formed company, which will be wholly owned by Nottinghamshire County Council, could commence trading from January 2017, following consultation with staff and other stakeholders and subject to approval by elected members.
24. Once the new local authority trading company had been established, Nottinghamshire County Council would enter into a contract (via a direct award) with the new company. Should the Council wish to cease the arrangement, the key terms of the contract would provide that it could be reviewed after a designated amount of time and ended if appropriate. This would mean that the services and staff would need to transfer back into Nottinghamshire County Council.
25. The principle of the arrangement is that the Council would lay out what it wanted the company to deliver and what resource it could afford to provide, i.e. outcomes and budget allocation. It would be up to the new company to determine the best way to deliver this, i.e. the operational practices and procedures, and the how. As now, annually (or for a defined number of years in advance) Nottinghamshire County Council would determine the budget to be allocated to the local authority trading company for the delivery of those services, this having been worked up through negotiation between the Council and the new company. The company would use the budget allocation along with its own forecasts of commercial growth to form its business plan for the following year. The business plan would be subject to unanimous sign off by the board (further work will need to be undertaken on the composition of the board but could include representation from staff, senior staff, the Council, finance and external partners e.g. education/health). If the Council needed to further reduce budgets or change priorities this could be done and the new company would advise on the implications and determine the best approach to deliver the revised service. In summary, the Council would continue to set priorities and monitor service delivery.
26. Staff employed by the Council in the Direct Services in scope would transfer to the new company under Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) (TUPE) provisions.
27. The full costs of establishing the new company, including legal costs and mobilisation of the new company would be explored as part of the development of the full business case for the proposal: this will include consideration of the provision of support services to the new company.
28. It is proposed that the responsibility for managing contract and performance management issues will be retained by the County Council Adult Social Care and Health (ASCH) Market Management and Care Standards Team.

29. Initially, vehicles, equipment and other assets used to deliver the Direct Services would remain in the ownership of the Council and be leased to the company for the remainder of its useful life. However, subject to clarification as part of the ongoing development of the business case, replacement of assets could be the responsibility of the new company.
30. The new company would operate from the existing Direct Services bases and where necessary the buildings would be sub-let to the new company who would be responsible for utility charges and other service charges for a specified duration.
31. Alongside the development of the business case and the mechanics of the transition to the new company, cultural change would be required. Managers who transferred into the company from the Council would be expected to embrace change, extend their skills, provide leadership and become role models for the values of the company. Where the requirement for additional skills is identified, that are not already available internally, the company would seek these from the marketplace at the earliest opportunity through training or recruitment.
32. As part of the formal consultation on this proposal it is intended to develop an engagement strategy to ensure that all staff, service users, carers, delivery partners and the wider community have an opportunity to have their views heard and to be involved in the design, development and co-production of the new company.
33. It is the Council's intention to seek support from key stakeholders in the local economy e.g. community groups, local businesses, universities etc. to support the Council to work more creatively and innovatively and to ensure that the business case for the proposal is developed with a focus on meeting local people's needs at the heart of it.

Governance

34. The Corporate Leadership Team will undertake regular reviews in accordance with current practice for all Redefining Your Council (RYC) programmes of work.
35. If final authority was given for the creation of the trading company, Nottinghamshire County Council would seek to create a new company. In the event that it is a local authority trading company, the new company would be 100% owned by Nottinghamshire County Council. Ownership is not the same as control. Control of the new company would be exercised in several ways, including through the company board and the service contract. The company would be governed by its board of directors.
36. It is intended that there would be political representation on the board of the local authority trading company.
37. The structure of the board for the new company, and who will have responsibility for appointment to the board, would be explored as part of the development of the full business case.
38. A key consideration in setting up the new company is quality of service. The performance required by the Council would need to be described in the service contract

between the Council and the company. The company would be required to provide periodic reports to the ASCH Committee on its operational and financial performance. The Council would continue to set Adult Direct Services policy and strategy and determine priorities.

The benefits

39. The primary benefit from the establishment of these new arrangements would be the long-term sustainability of quality Direct Services provision. This would predominantly be achieved by increasing the commerciality of the service. This would include transparency and the opportunity to look at new markets and attract new sources of income. The new company would have the opportunity to build up external earnings year-on-year up to the maximum permissible under the Teckal legislation of up to 20% of its turnover.
40. Other impacts/benefits are:
- a) For the Direct Services:
 - captures the brand value of Nottinghamshire County Council which will be attractive to all key stakeholders
 - enables access to new funding streams and income that could be used to grow the business, e.g. attract Direct Payments or Personal Health budgets; or deliver new services for the Council as a trusted and reliable supplier (at present these new services would only be sought from the independent sector)
 - allows the services the above freedoms and opportunities whilst also protecting the special relationship with the Council, through the services being granted status as “provider of last resort” and “provider of first choice”
 - can allow the services to operate with greater flexibility and quicker decision-making, to put in place and test more creative solutions and produce new savings
 - any changes will be under the overall control of the Council
 - enables strategic control of the services (through objective setting, contractual arrangement or service level agreement) whilst transferring operational control
 - allows the potential for some currently threatened ‘unprofitable’ services to survive within an overall profitable service or to borrow to invest to become more profitable.
 - b) For the workforce:
 - the owner of the company remains the Council and this is a reassuring fact for many staff
 - TUPE transfer will protect terms and conditions on existing staff whose jobs will also be protected.
 - c) Financially:
 - ability to increase income

- one of the ways that other local authority trading companies have made savings is by changing terms and conditions of new starters in order to be competitive
- profit can be reinvested in the company or returned to the Council
- allows the service to increase its share of the care market
- Corporation Tax will be payable on profits – this requires further detailed consideration
- VAT will be payable but this can be minimised – this requires further detailed consideration
- could continue to buy 'back office' costs from the Council which would help maintain the per head economies of scale for running the 'back office' service for NCC.

d) Legal:

- the Council retains control over the company and controls direction of travel
- under 'Teckal' exemption allows work to be given to the company without tender if more than 80% of turnover is spent by the Council
- can join up with other organisations if required e.g. joint venture with the NHS or other local authority trading company.

Other Options Considered

41. No change: the Council could continue to manage the Direct Services under County Council control. This will not provide a sustainable, long-term solution for the services as in the context of reduced funding from Central Government the services will be subject to further savings requirements.
42. Establish a larger company: consideration has also been given to the inclusion of a wider range of services within the new company. There are risks from this approach as some of the services are not viable in their current form and may cause issues for the new company.
43. Outsourcing: alternatively the Council could ask someone else to deliver the services. This would involve moving elements of Council business to one or more private or voluntary sector providers. Control over the operations of these companies would be maintained through contract management, following a procurement exercise. This option is not recommended because it is likely to be unpopular with stakeholders and because it would take the Council further out of the direct provision market. To retain an element of directly provided service is seen as an advantage as it allows the Council some leverage and oversight over the market in terms of price and quality. At this stage, a substantial amount of market testing would be required to assure the Council that it would be appropriate to cease all direct provision.
44. Other delivery model: in addition, consideration has been given to other models such as social enterprises (community interest companies, community benefit companies, mutuals, co-operative societies etc.) and charities. These have been discounted at this initial stage. As part of the development of the full business case for the proposal, a more detailed options appraisal will be required to test the preliminary conclusion that a local authority trading model is the best model for Nottinghamshire. It should be noted

that some local authority trading companies have evolved over time into other delivery models and this may also be something that the Council may wish to consider for the new company in the future.

45. Subject to the outcome testing of the recommendation from the preliminary in-house options appraisal the Council may wish to re-explore the options listed above.

Reason/s for Recommendation/s

46. To contribute to a sustainable future to help to meet the financial challenges facing the Adult Social Care Direct Services provision while retaining a good level of service.

Statutory and Policy Implications

47. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

48. The full financial costs of establishing a new company will need to be explored as part of the development of a full business case by April 2016.

Human Resources Implications

49. These proposals will affect 561 staff members and throughout the consultation period the proposals will be discussed with the recognised trade unions and staff in accordance with the Council's agreed protocols. Any decision to proceed with a local authority trading company will take place in line with legislative requirements and will draw on existing good practice and experience of setting up other arm's length organisations and TUPE transfers of staff.

Public Sector Equality Duty implications

50. An initial equality impact assessment has been undertaken and is available as a background paper to this report. This will be revisited in tandem with the development of the full business case for the new company and also in response to the outcome of consultation with staff and key stakeholders.

Safeguarding of Adults at Risk Implications

51. The new company would be subject to the same level of scrutiny in respect of identifying and managing safeguarding issues as any provider service.

Implications for Service Users

52. Service users currently in receipt of a service from Direct Services would continue to have their outcomes met. Additionally Service Users could use their Direct Payment to purchase a service from the new company.
53. Service users and their families will have the opportunity through the formal consultation and engagement processes to provide their views on the proposal and to be involved in the design of the new company.

Ways of Working Implications

54. This will need to be explored as part of the development of the full business case.

RECOMMENDATION/S

That the Committee:

- 1) gives approval to consider the establishment of a local authority trading company for the delivery of a range of Adult Social Care Direct Services to residents of Nottinghamshire.
- 2) gives approval to consult on the emerging proposals contained in this report.
- 3) agrees that progress reports will be brought to Committee as part of the general reporting arrangements.

Peter Davis

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Constitutional Comments (SLB 09/09/2015)

55. Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

Financial Comments (KAS 14/09/15)

56. The financial implications are contained within paragraph 48 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Redefining Your Council: Transformation & Spending Proposals 2015/16 – 2017/18, 12/11/2014 Report to Policy Committee](#)

Options Appraisal of Alternative Service Delivery Models for In-House Adult Social Care Direct Services Preliminary Options Appraisal – July 2015

Equality Impact Assessment – Proposal to establish a Nottinghamshire County Council owned Local Authority Trading Company for the delivery of Adult Social Care Direct Services

Electoral Division(s) and Member(s) Affected

All.

Appendix 1

Proposal to consider the establishment of a Nottinghamshire County Council owned Local Authority Trading Company for the Delivery of Adult Social Care Direct Services

Financial out turn for the services over the last 2 full financial years and the budget allocation for 15/16:

	2013/14		2014/15		2015/16		Future Agreed Reductions
	Budget	Out-Turn	Budget	Out-Turn	Original Budget	Anticipated Overhead Apportionment	
Day Services	11,278,637	10,291,583	11,346,372	10,094,749	11,611,361	640,480	Current Savings plan spans 14/15, 15/16 & 16/17
County Enterprise Foods	933,007	732,957	1,094,803	825,199	1,111,337	319,285	Co-location savings span 16/17, 17/18 & 18/19
I-Works	451,177	371,996	263,452	426,591	438,640		
Shared Lives	240,359	187,498	231,911	186,947	295,050		
Short Breaks	3,485,067	2,929,992	3,608,876	3,087,795	3,094,537	308,378	Closure of Kingsbridge Way across 15/16 & 16/17
Church Street (LD Residential)	483,957	511,107	461,923	567,705	546,669		
Subtotal	16,872,204	15,025,134	17,007,337	15,188,986	17,097,594	1,268,143	

Appendix 2

Proposal to consider the establishment of a Nottinghamshire County Council owned Local Authority Trading Company for the Delivery of Adult Social Care Direct Services

Examples of existing Local Authority Trading Companies

There are a growing number of these companies, set up to provide similar services to those in scope in the ASCH Direct Services proposal. Some examples are shown below.

Olympus Care Services:

- Established in 2012 by Northamptonshire County Council
- Original set of services transferred into the company were social care Direct Services including day services, residential care, supported living, shared lives, reablement and respite care. This is a similar suite of services to those being considered in Nottinghamshire
- Turnover for 14/15 expected to be £32m and the business is growing. OCS has returned a 'profit' to the council and agreed efficiencies year on year
- 10,000 customers
- 1,200 staff
- The company report greater freedoms to innovate e.g. winning health contracts, setting up a new supported living scheme; and restructuring their residential care offer to allow self-funders to pay for care
- Reduced costs realised through less sickness; staff have more business-like approach which is saving money
- OCS has changed terms and conditions for new starters but they are trying to move to paying the 'Living Wage'
- Specialist advice was taken that led them to set up a trading company and a care company to form an efficient VAT group
- Good relationship with Trade Union colleagues

Essex Cares:

- Essex Cares was set up by Essex County Council in July 2009
- This was the first local authority trading company to be established for the provision of adult social services in the country
- From 42 locations across the county, Essex Cares delivers services to over 115,000 people each year
- In July 2012 Essex Cares was awarded the reablement contract from West Sussex County Council - a major achievement for the company as it was the first time a local authority trading company in the social care field in the UK was awarded a contract out of county
- Essex Cares has 1000 employees working across the following services; Wellbeing & Activity Centres, Work Based Training and Supported Employment, Reablement, Regaining Independence Service, Equipment Service, Sensory Service and Outreach.

- In January 2014 Essex Cares opened the first Wellbeing & Activity Hub. This offers many of Essex Cares services under one roof and is being used by local groups as an integral part of the community.
- Has reported a profit most years but a loss was announced for 2014

Independent Living at Home (Barnsley) Limited

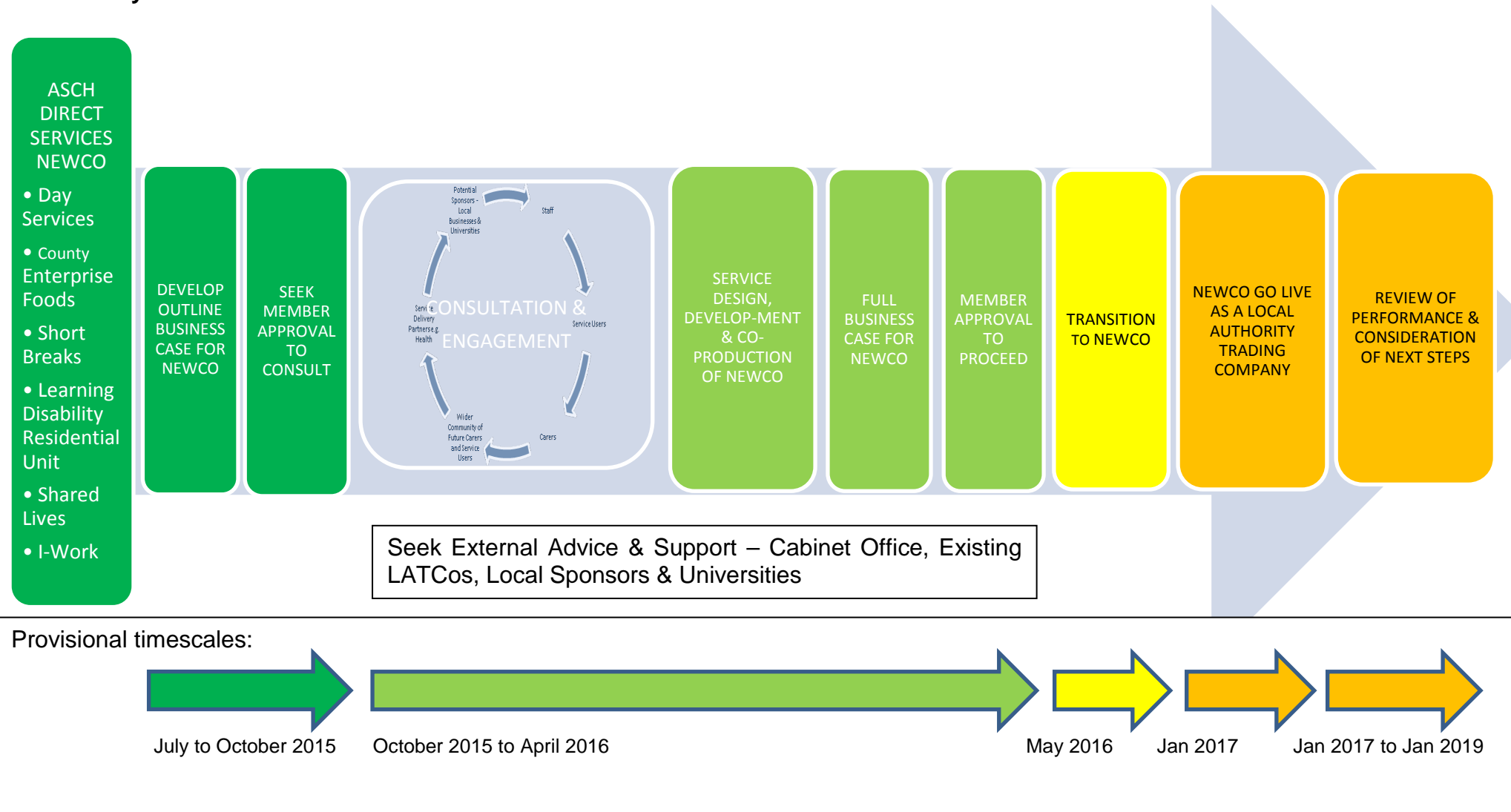
- Established April 2015 to hold the anchor contract with Barnsley Council for the delivery of reablement and assistive living technologies
- Commercial arm also established for the delivery of care outside of Barnsley on a profit basis as part of the expansion plan
- Staff TUPE'd over in April 2015 – approximately 136 workers (100FTE)
- Barnsley Metropolitan Council sole shareholder in both companies
- Service budget approximately £2.5m

Bon Accord Care

- Bon Accord Care is a local authority trading company comprising two companies: Bon Accord Support Services and Bon Accord Care
- Operate within a contractual framework to deliver services for Older People, reablement and rehabilitation for Aberdeen City Council
- Aberdeen City Council is the only shareholder
- Trading since August 2013

Appendix 3

Proposal to consider the establishment of a Nottinghamshire County Council owned Local Authority Trading Company for the Delivery of Adult Social Care Direct Services



5 October 2015**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****NATIONAL CONSULTATION ON REFORM OF DEPRIVATION OF LIBERTY
SAFEGUARDS****Purpose of the Report**

1. To inform the Committee about the Law Commission's national consultation paper on proposed changes to Deprivation of Liberty legislation and to comment on the key responses that the Council proposes to submit regarding how these might impact on Nottinghamshire County Council.

Information and Advice**National context**

2. The Law Commission's consultation paper on deprivation of liberty was published on 7 July (Law Commission, *Mental Capacity and Deprivation of Liberty: A Consultation Paper* (2015), CP No 222). The consultation paper considers how in future the law should regulate deprivations of liberty involving people who lack capacity to consent to their care and treatment arrangements.
3. The Mental Capacity Act aims to protect people who lack mental capacity. The Deprivation of Liberty Safeguards (DoLS) were set up under the Act to provide independent procedures for assessing and authorising the deprivation of liberty in a hospital or care home of someone who lacks the mental capacity to make decisions about their own care. The DoLS apply largely to older or disabled people and require six assessments of someone's situation. The decision can be challenged through a review procedure in the Court of Protection.
4. However, the DoLS have been subject to considerable national criticism, for being overly lengthy, bureaucratic, imposing a one-size fits all approach and not being of sufficient benefit to the person whose liberty may be curtailed. They place significant burdens on local councils and can create tensions between local authority functions as a supervisory body under the DoLS and their commissioning and safeguarding functions. They are also narrow in focus; for example, they do not protect people who live in other forms of accommodation e.g. those in supported living settings. Individuals report that they face many practical obstacles in challenging decisions.

5. Two significant events occurred in March 2014:
- a House of Lords scrutiny committee on the Mental Capacity Act published a report which concluded that the DOLS were “not fit for purpose” and proposed their replacement
 - a Supreme Court judgement (known as the “Cheshire West ruling”) gave greater clarity on what deprivation of liberty means which meant that many more people should be made subject to DoLS.
6. Following the Supreme Court decision, the system has struggled to cope with the increased number of cases. The House of Lords concluded that the system does not make sense as it stands and is ‘deeply flawed’. As a result, the Government asked the Law Commission to undertake a review to address these issues. The Law Commission has now developed proposals to replace the DoLS and is consulting on these: http://www.lawcom.gov.uk/wp-content/uploads/2015/07/cp222_mental_capacity.pdf.
7. There are over 100 provisional proposals and consultation questions. The consultation period ends on 2 November 2015 and the Law Commission plans to publish recommendations in 2016 and present them to the Government. It will be for Government and Parliament to decide whether to change the law.

Local context

8. Like other local authorities, Nottinghamshire County Council has experienced a clear and significant upward trend in DoLS referrals over the previous financial year. In 2013/14, the Council received only 300 DoLS referrals. Between 1 April 2014 and 31 March 2015, the total number of DoLS referrals received was 1,748, rising to an average of 45 referrals a week (including re-authorisations required within the year). Numbers of referrals are predicted to rise in 2016/17 to between 3,600 and 4,000.

The proposals

9. The proposed reforms would end the current DoLS arrangements and establish a new system called ‘protective care’ and a new Code of Practice. Key aspects include the following:

Supportive care:

- i) People who lack capacity to make a decision about where they live, or are considering moving into a care home, supported living or ‘shared lives’ accommodation, would be given a preventative set of safeguards intended to ensure that their accommodation, care and treatment are right for them. The aim being to reduce the need for intrusive interventions in the longer term. This system would be known as ‘supportive care’ and would be one element of the wider scheme of ‘protective care’. There is no requirement for this assessment to be independent and it could be undertaken by anyone the Local Authority feels is appropriate, including social workers or nurses already working with an individual.

- ii) Many people will already require an assessment and review under the Care Act 2014 or NHS Continuing Health Care regulations. The supportive care assessment will need to form part of these existing assessments and will require additional time to complete. For some self funders, however, this may be the first independent check of their capacity to make the relevant decision regarding their care and treatment arrangements, with potentially significant further associated resource implications.

Restrictive Care and Treatment:

- i) Additional safeguards would apply if someone living in one of these settings requires restrictive forms of care or treatment and lacks capacity to consent to their care and treatment. Under the proposals, this would be authorised by a new independent professional called an Approved Mental Capacity Professional (AMCP). The AMCP would then certify that objective medical expertise had been provided and that the deprivation of liberty was in the person's best interests. The AMCP would then authorise the DoL, taking responsibility for imposing conditions and monitoring compliance. The AMCP would be able to delegate tasks to district teams.
- ii) **Approved Mental Capacity Professionals.** AMCPs would have similar legal responsibilities to Approved Mental Health Professionals (AMHPs), acting as independent decision-makers on behalf of the Local Authority. The Local Authority would be required to ensure that applications for protective care appear to be 'duly made' and founded on the necessary assessments. The AMCP would be required to ensure that:
 - o the decision-making processes and care arrangements continue to comply with the Care Act, Mental Capacity Act and Continuing Health Care regulations;
 - o regular review meetings take place (involving the family); and
 - o an advocate or appropriate person, and representative have been appointed.
- iii) **Hospitals.** A separate scheme of safeguards would apply for those accommodated in hospital settings and palliative care and would be tailored to recognise that people's accommodation in these settings is usually temporary. Two medical professionals would be able to assess and authorise deprivation of liberty for up to 28 days.
- iv) **Domestic settings.** The safeguards of the proposed scheme would apply where a deprivation of liberty is proposed in a domestic setting. An AMCP would be required to authorise the deprivation of liberty, or seek alternative solutions (such as the provision of services to end the deprivation of liberty). In some cases the matter may need to be settled by the court. If the deprivation of liberty is authorised, the person would be subject to the same safeguards as those provided under the restrictive care and treatment scheme.
- v) **Advocacy provision** would be streamlined and consolidated across the Care Act and Mental Capacity Act (in its entirety, not just those sections dealing with DOLS) so that the existing Independent Mental Capacity Advocates would be replaced by a system of Care Act advocacy and appropriate persons. Anyone subject to the protective care scheme would be provided with an advocate to represent their views

and wishes, and any restrictive treatment and care decisions would be challengeable in a specialist tribunal, rather than in a court.

- vi) The Mental Health Act would be amended to establish a formal process and safeguards for people who require treatment for a mental disorder, including an independent advocate and a requirement for a second medical opinion.
- vii) In emergencies, rather than the current system of self-authorisation by care providers, the first recourse of the care provider would be to an AMCP who would be able to give temporary authority for up to 7 days (extendable by a further 7 days) care and treatment pending a full assessment.

Implications and consultation feedback:

10. The proposals for both restrictive and supportive care indicate the need for some analysis of the staffing and associated resources required, as well as of additional training implications to operate to the protective care scheme. This might include:
 - a broader training programme in relation to the Mental Capacity Act and deprivation of liberty across adult social care
 - the possible transition of current Best Interests Assessors (BIAs) and the workforce implications of the new AMCP role. It is not yet clear whether retraining would be required
 - it is unclear at this time what the implications for advocacy provision might be.
11. In summary, it is proposed that Nottinghamshire County Council feeds back the following key issues into the national consultation:
 - a) the Council broadly supports the proposals to shift towards a more preventative and proactive focus that would have more focus on better outcomes for citizens
 - b) the lack of independent assessment for supportive care needs further consideration regarding its potential to be used as a way of avoiding the restrictive care process
 - c) that overall, the proposals do not indicate a reduction in resource implications but rather a different deployment of staff and new roles
 - d) a two tier system may further complicate matters due to managing transition between the two, as well as decision making and responsibilities being unclear e.g. AMCP delegating to district teams
 - e) that business support administrative requirements do not appear to be reduced
 - f) to highlight the fact that the AMCP role is significantly more autonomous than even the AMHP role because of no involvement of other professionals in decision making
 - g) the urgent response proposal will have significant resource implications for Local Authorities, as the care provider will not be able to authorise restrictive care themselves.
12. As part of developing the consultation, views will be sought from staff and managers, including Best Interests Assessors. Details of the consultation will be sent to existing citizen engagement groups and views sought from at least one existing service user engagement group.

13. The deadline for submitting a response to the Department of Health is 2 November. It is proposed that the final response is approved by the Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee, prior to submission, in accordance with the key issues identified in paragraph 11. A copy of the Council's final response to the consultation will be circulated to Members.

Other Options Considered

14. This report is concerned with developing a Council response to national consultation on a proposed change to legislation.

Reason/s for Recommendation/s

15. To ensure that the views of Nottinghamshire County Council are represented in the national consultation.

Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

17. From available information, it is estimated that there will be no less resource requirements than at present. Supportive care assumes an available level of ongoing care management which is not currently provided to the number of people likely to fall within the new provisions. The urgent AMCP response proposal has potentially significant additional resource implications.

Human Resources Implications

18. From the information currently available it is likely that the new legislation will require that approximately the same number of staff will be required, although they may be undertaking different tasks and roles. A training programme will need to be developed and implemented.

Human Rights Implications

19. It is a basic tenet of the Law Commission review that the new protective care scheme must be fully compatible with the European Convention on Human Rights

Public Sector Equality Duty implications

20. The new scheme aims to be not only compatible with the UN Disability Convention, but supportive of its aims and aspirations. The Local Authority will be under a duty to implement the new legislation and Code of Practice.

Implications for Service Users

21. The proposed reforms shift the emphasis away from a central focus on authorising deprivations of liberty, to providing appropriate care and better outcomes for people who lack mental capacity, as well supporting their family and carers. The proposals are tailored according to different settings.

RECOMMENDATION/S

That:

- 1) the Committee notes the national consultation and comments on the key issues identified, as detailed in paragraph 11
- 2) a consultation response is submitted by Nottinghamshire County Council to the Law Commission proposals, with the final response being approved by the Corporate Director of Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee, prior to submission.

Sue Batty
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Constitutional Comments (SMG 22/09/15)

22. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 21/09/15)

23. The financial implications are contained within paragraph 17 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

5 October 2015

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING, ACCESS AND SAFEGUARDING

INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE (ICELS)

Purpose of the Report

1. This report:
 - a. informs the Committee of the progress of the Integrated Community Equipment Loans Service (ICELS) tender
 - b. seeks an extension to the ICELS Equipment Review Team and the Minor Adaptations Occupational Therapist post and the establishment of a temporary Review Team Assistant post.

Information and Advice

Background

2. The Integrated Community Equipment Loans Service is the mechanism by which equipment that is prescribed to keep vulnerable people in their own homes is ordered, delivered and maintained across Nottinghamshire County.
3. ICELS is currently operated by the British Red Cross and is jointly commissioned by:
 - Nottinghamshire County Council
 - Nottingham City Council
 - Nottingham City Clinical Commissioning Group (CCG)
 - Bassetlaw CCG
 - Mansfield and Ashfield CCG
 - Newark and Sherwood CCG
 - Nottingham North & East CCG
 - Nottingham West CCG
 - Rushcliffe CCG.
4. A pooled budget of £7.2 million is in place, which is contributed to by all partners and managed via a partnership arrangement by Nottinghamshire County Council.

5. On 1 December 2014 this Committee gave approval to the recommendations in the report on the 'Integrated Community Equipment Loans Service Tender 2016' to proceed with the tender for a new provider for the ICELS service. The new contract is due to start on 1 April 2016 for a period of five years with the option to extend by a further two years to 2023 if required.
6. The Invitation to Tender (ITT) was published on 1 June 2015 and closed on 31 July 2015. Three bids were submitted, evaluated and each section of the bids was marked independently during August 2015 by a range of ICELS Partners and lay representatives. At the time of writing the report, the Council is awaiting the outcome of the tender evaluation process to determine the award of the contract.
7. The specification for the new service builds upon Nottinghamshire's existing service model. It will support the transformation of the local NHS and social care, meet the needs of the growing population, have greater flexibility and deliver value for money by generating savings that will be used to offset the increase in the demand for equipment over the lifespan of the new contract.

ICELS Equipment Review Team

8. The ICELS Equipment Review Team has been in place since November 2014 and was initially established for a twelve month period. The structure of the team is shown in **Appendix 1**. Two experienced senior staff work three days a week, one of whom is a health employed nurse.
9. The ICELS budget for 2014/15 was £7.2 million. At year end the final budget position showed a total overspend of £590,000.
10. The purpose of the Equipment Review Team is to undertake reviews of equipment prescribed to people living in their own homes and in care homes. This reviewing activity ensures that the equipment is still required and appropriate but also reduces the overspend of the ICELS by returning equipment that is no longer required or should not have transferred with a person when they entered a care home.
11. The Equipment Review Team was set a target to return £250,000 of equipment by 31 October 2015. Due to the Review Team's work £211,000 worth of equipment had been returned by 31 August 2015. It is estimated that the team will reach a return level of £252,000 by the end of October 2015.
12. The Equipment Review Team is currently in place until the end of October 2015, and in light of the potential for further returns and savings to be made against the ICELS budget, the ICELS Partnership has agreed to fund the team for a further 12 months (1 November 2015 – 31 October 2016) with a further review of the team to take place in 2016.
13. A Review Team Assistant is required for a 12 month period to assist the Review Team with its work and to undertake annual reviews of audited homes and to ensure that all items of equipment are returned from homes that have been audited. To date 69 audits have been completed in a 15 month period returning £383,000 of equipment. On

average, for each care home reviewed, £5,600 of equipment has been returned. The additional Assistant would mean that further returns and savings could be made.

14. The extra cost of the Review Team Assistant post would be £22,000 (Band 3, scp 14-18 £16,231 - £17,714 plus on-costs). This post would be funded from the ICELS Partnership budget.

Minor Adaptations

15. Since 2013 there has been a gradual increase in the over spend of minor adaptations. The budget for minor adaptations for 2015/16 is £632,000. The previous two years have seen overspends of 25% and 33% and based on the first quarter of 2015/16 expenditure on minor adaptations it was anticipated that the overspend for 2015/16 would increase even further unless action was taken to address the situation.
16. A locum occupational therapist (OT) was recruited at the end of June 2015 for a period of three months to oversee all orders for minor adaptations coming into the service. Since the OT commenced work, spending on minor adaptations has significantly reduced. The worker has reviewed 659 orders in a 7 week period and data is being recorded on all orders. The OT's work has identified issues with inconsistent application of eligibility criteria, prescribing and ordering practices which indicate the need for changes to both how and which minor adaptations are ordered by prescribers.
17. As a result of the work undertaken by the OT in just one month, the potential overspend for the year has already reduced by 50% and could be reduced further if the work continued, potentially eradicating any overspend.
18. It is therefore requested that the OT post be extended for a two year period to allow for their work to continue and enable further savings against the ICELS Minor Adaptations budget to be achieved.
19. The ICELS Partnership has also been carrying out a detailed audit of the service reports and as a result £150,000 is being recouped back into the Partnership. It is suggested that this funding should be used to fund the continuation of the OT post.

Other Options Considered

20. Discontinuation of the Reviewing Team and the Minor Adaptations Occupational Therapist.
21. These options have been discounted as they would reduce the ICELS ability to manage the anticipated overspend. In addition the ICELS team would not have the capacity to implement the changes required to achieve the efficiencies and savings needed

Reason/s for Recommendation/s

ICELS Equipment Review Team

22. The ICELS Partnership Board is in agreement that extending the Equipment Review Team for a twelve month period would be of significant benefit to the service.

23. The current value of equipment recorded on the database that is due for review stands at £3.85m. This figure consists of all cases identified across the whole Partnership counting all items specifically identified as needing a review, and other equipment in situ which will be reviewed at the same time. The team has reviewed £771,460 of equipment over a period of 10 months and closed 1,162 cases. They currently have 730 cases open which are being reviewed. The team has the potential to review £925,000 worth of equipment in a twelve month period.
24. The team has also added benefit to the service in that of the 1,162 cases that have been reviewed they have identified 66 cases where equipment has been judged as unsafe or faulty. The items identified have been subsequently removed or replaced, thus preventing further problems or referrals into other services.
25. Identification of electrical equipment is extremely important to ensure that items are serviced and maintained. ICELS has legal responsibilities to ensure equipment is properly serviced and checked. By identifying such equipment the team has also reduced the potential for equipment failures.
26. By recruiting a Review Team Assistant for a 12 month period it is estimated that up to 100 new homes could be audited and potentially return £505,000 of equipment. Additionally, annual reviews for the first 60 audits that have been carried out and possible returns of £1,500 per home would suggest a further £90,000 of returns. Therefore, an estimated £595,000 worth of equipment could be returned in a 12 month period, reducing the overall spend of the ICELS service.

Minor Adaptations

27. The ICELS Partnership is in agreement that extending the locum OT post for a two year period would be of significant benefit to the service.
28. If the same spending pattern for July 2015 continues it is estimated that the total spend for 2015/16 would be £611,000 against a budget of £632,000, with a potential budget saving of £21,000 to go towards the locum costs.
29. A number of key aspects have been identified that need to change within the minor adaptations service such as: revising the eligibility criteria in the staff guidance; rewriting the service specification; issuing new order forms; bringing the financial thresholds in line with the Care Act; carrying out re-training of all prescriber staff; setting up more robust authorisation protocols and continued monitoring of orders. These cannot be continued or progressed without the OT in post.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

31. The cost of all posts will be funded from the ICELS Pooled Partnership Budget and will be financed from the income generated from the reviewing activity.

Human Resources Implications

32. Human resources implications are included in the report.

Implications for Service Users

33. There are benefits to service users from these initiatives due to the efficient use of resources, reviews of their needs and equipment, safety checks on equipment and the safe return of equipment that is no longer needed.

Implications for Sustainability and the Environment

34. The ICELS is committed to minimising waste through the recycling of equipment where possible and these initiatives will increase the return and recycling rate.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress of the Integrated Community Equipment Loads Service (ICELS) tender
- 2) agrees the extension of the ICELS Equipment Review Team for a further 12 months until 1 November 2016
- 3) agrees the establishment of the Minor Adaptations Occupational Therapist post for a two year period
- 4) agrees the establishment of a Review Team Assistant post for 12 months to assist with care homes equipment reviews.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

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Constitutional Comments (SMG 22/09/15)

35. The Committee has the responsibility for adult social care matters and approval of relevant staffing structures as required. The proposals in this report fall within the remit of this Committee.
36. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 24/09/15)

37. The ICELS Pooled budget is currently forecasting an overspend in this financial year. These posts are required to generate savings over and above their cost in order to reduce the forecast year end position.

Background Papers and Published Documents

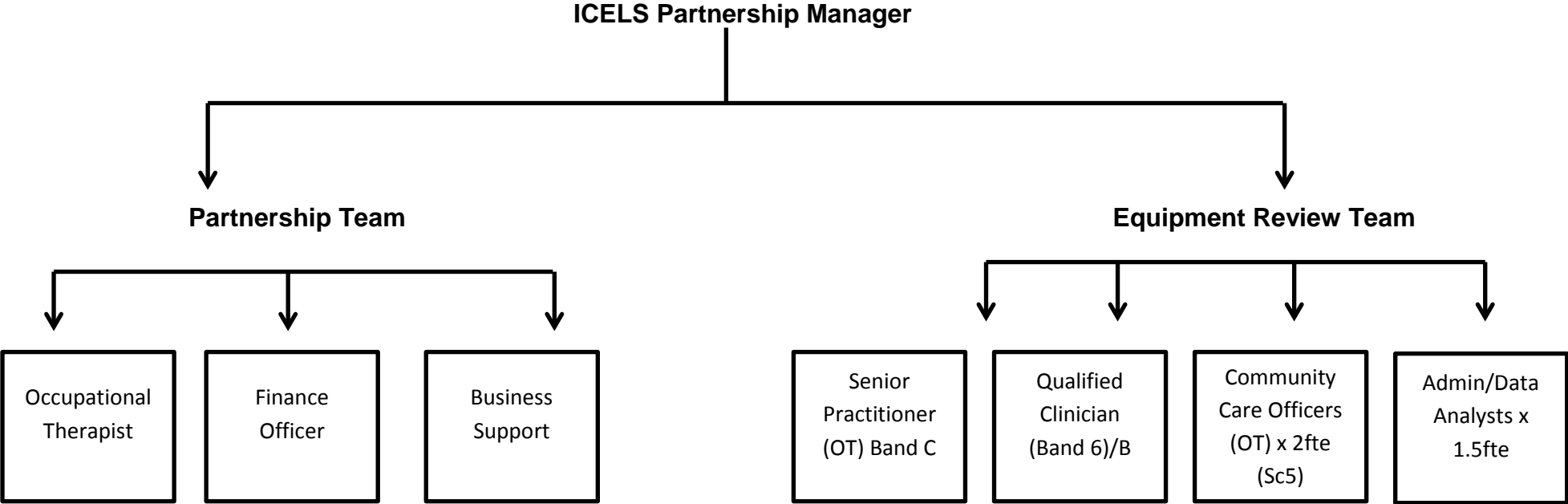
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Integrated Community Equipment Loans Service Tender 2016 - report to Adult Social Care and Health Committee on 1 December 2014

Electoral Division(s) and Member(s) Affected

All.

Appendix 1 – ICELS Partnership Team Structure



5 October 2015

Agenda Item: 8

REPORT OF THE INTERIM SERVICE DIRECTOR FOR NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES

PROGRESS ON DIRECTLY PROVIDED SHORT BREAKS FOR ADULTS WITH A LEARNING DISABILITY AND THE SHARED LIVES SCHEME

Purpose of the Report

1. To update the Committee on the progress being made with the resettlement of service users from the Kingsbridge Way Short Breaks Service, and the use of Emergency beds within the Short Breaks Service.
2. To update the Committee on the progress being made with the Shared Lives Scheme.

Information and Advice

Short Breaks Service

3. Both the Short Breaks Service for adults with learning disabilities and the Shared Lives Scheme contribute to the provision of services to carers and support carers to continue with their caring responsibilities.
4. From the end of September 2015 there will be a total of 32 beds provided within three locations across the County. These are Wynhill Lodge, Bingham; Helmsley Road, Rainworth; and Holles Street, Worksop. They are roughly aligned to the health planning areas in the south, centre and north of the County and provide up to a maximum of 11,680 bed nights per year.
5. The Kingsbridge Way Short Breaks Service will cease to provide short breaks at the end of September 2015. This was agreed at Full Council on 27 February 2014 as part of Adult Social Care & Health savings and efficiencies. There is currently work on-going regarding the future use of the Kingsbridge Way buildings. At this time the most likely option is to sell the property to a housing provider for conversion into supported living arrangements for adults. This proposal will be the subject of a report to Committee in the future.
6. There are 56 families who have been using the Kingsbridge Way Service, and alternative provision has been made available for them within the three other directly provided services, or referred to the Shared Lives Scheme. Work to support service users and their carers through this transition period has consisted of service visits and overnight stays and has been carried out jointly by staff from Kingsbridge Way and from the receiving service.

7. The staff from Kingsbridge Way have been offered redeployment to other services within the directly provided group, or have been offered voluntary redundancy. There have been no compulsory redundancies as a result of this process.
8. In January 2015 the Helmsley Road Short Breaks Service in Rainworth stopped taking emergency stays for people who were not known to the Short Breaks Service. This was approved by this Committee on 1 December 2014.
9. Since this time, contracts officers have identified a small number of independent sector care homes which are able to provide emergency stays for people on an as and when necessary basis. Helmsley Road ceased taking new emergency placements but, where required, continued to support those people who were already placed at Helmsley Road due to safeguarding or Court of Protection concerns. The last person in this situation has now moved from the service.
10. The table below shows emergency placements within the Short Breaks Service for people who are known to and use the service.

Emergency Stays within Directly Provided Short Breaks Services (number of nights)					
	April	May	June	July	Total
Helmsley Road	19	19	18	17	73
Wynhill Lodge	30	31	26	35	122
Holles Street	43	3	0	19	65
Kingsbridge Way	0	0	0	0	0
Number of nights	92	53	44	71	260

11. A total of 260 nights were provided across the service. This included one service user who needed to stay for 112 nights and another service user who stayed a total of 23 nights, equating to more than 50% of the total number of nights provided. The service anticipates that it will continue to provide emergency stays for people known to the service wherever possible following the reduction in the overall number of beds from the end of September 2015.
12. In cases where it is not possible to provide an emergency placement this will be discussed with the family and the involved social worker and arrangements will be made with another provider until a bed becomes available.

Shared Lives Scheme

13. The Shared Lives Scheme was launched in 2013 and transformed the Adult Placement Scheme into its current format. The decision to expand what was then a service predominantly for adults with a learning disability in to other client groups was taken and support to do this was provided by the Community Catalyst organisation.
14. The table overleaf shows the growth of the scheme since March 2013, and although progress to increase the size of the service appears slow this needs to be set against the 12 carer households leaving the scheme during the same period. There are currently 15 carer households going through the assessment process. The assessment consists of an

application by an individual or couple to become a Shared Lives carer. This is followed by an intensive assessment of their suitability including references, Disclosure and Barring Service (DBS) check, medical clearance, and training.

	March 2013	May 2015
Long term households	18	23
Short break households	13	25
Support carer households	6	4
Total number of households	37	52
Total number of people supported	53	69

15. Some of the key achievements for the service since 2013 are:

- all scheme policies, procedures, forms and agreements have been updated
- a new assessment process has been implemented which includes a training programme and materials for potential carers
- a Carer Handbook has been written and distributed to all carers
- the first long-term placements for older adults and a person with a mental health condition have been made
- visits to events and team meetings to raise the profile of the scheme have taken place
- new marketing material has been designed and produced
- a three-monthly Bulletin has been designed to improve communication with carers
- on-going work with marketing to promote the scheme to the media is taking place
- new payment bandings and system were introduced in 2013
- a new payment system for short break carers was set up in 2014
- the County Council (the Council) hosts the quarterly regional Shared Lives meetings
- work is underway to implement the Care Certificate into Shared Lives. This replaces the Common Induction Standards which were previously applied. The Care Certificate was a recommendation following work in the wake of the Francis Inquiry into the mid-Staffordshire Hospital.

16. The Shared Lives Scheme continues to grow and the Council is starting to expand its range of flexible support options which are now available to older people and people with mental health difficulties as well as people with learning disabilities. Shared Lives is all about living together in an ordinary lifestyle, sharing family life. It is a highly successful way of helping people to live in their communities because it is based on relationships which make a real difference to the lives of individuals and their Shared Lives carers. The Council has over 50 carers already working with it, and a number of positive stories that show how valuable and successful this type of support is. One such example is a young man who had lived in institutional care for most of his childhood due to a mental health condition and is now settled living with a family, something he thought he would never be able to do.

17. The Adult Social Care Strategy sets out the need to seek the most cost effective way to provide support in order that the Council can continue to meet the needs of all people who are eligible for care and support. Shared Lives continues to be a cost effective way of doing this. Shared Lives can be hugely successful in this area because it can offer an alternative to residential care, it can help people to remain in their own homes and it can support families to continue to care for their relatives for longer.

Other Options Considered

18. The report is for noting only

Reason/s for Recommendation/s

19. The report is for noting only

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

21. Service users affected by the reduction in the number of short breaks beds will have their breaks provided at Helmsley Road, Wynhill Lodge, Holles Street or by referral to the Shared Lives Scheme.
22. Emergency stays for people not known to the Short Breaks Service will continue to be provided through a small number of independent sector providers.
23. Options to use the Shared Lives Scheme for both long-term and short stay/respite care are increasing, as the number of approved carers increases.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress being made with the resettlement of service users from the Kingsbridge Way Short Breaks Service, and the use of Emergency beds within the Short Breaks Service.
- 2) notes the progress being made with the Shared Lives Scheme.

Peter Davis

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Constitutional Comments

24. As this report is for noting only, no Constitutional Comments are required

Financial Comments (KAS 14/09/15)

25. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Changes to the Provision of Emergency Accommodation within the Learning Disability Short Breaks Service – report to Adult Social Care & Health Committee on 1st December 2014

Outline Business Case C03 ASCH Residential Short Breaks Service.

Electoral Division(s) and Member(s) Affected

All.

5 October 2015**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide the Committee with an update on performance for Adult Social Care and Health for the period from 1 April to 30 June 2015.

Information and Advice**Key Measures**

2. This report provides the Committee with an overview of performance in Quarter 1 against the department's key performance and operational priorities. The performance measures that are reported quarterly to the Committee reflect statutory returns provided to Government and the Council's priorities following the adoption of the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below with a performance dashboard including the target and performance data up to and including 30 June 2015 (Quarter 1), set out at **Appendix A**.

Assessments

4. The first measure in Appendix A relates to social care assessments. A health and social care assessment is undertaken to help determine a person's specific care and support needs. Measuring assessment timescales is useful to track the volume of demand and the efficiency of our processes.
5. Overall assessment timescales for Quarter 1 are below target, consistent with results reported for 2014-15 and initial projections for 2015-16. During 2014-15 the majority of cases over timescale were those waiting for an occupational therapy (OT) assessment. The employment of an OT agency successfully reduced the number of people waiting for an OT assessment at the end of 2014-15 however as expected there has been a residual impact on timescales for 2015-16.
6. The department experienced an increase in demand for OT assessments during Quarter 1. In addition, the introduction of Part 1 of the Care Act in April 2015 and other legislative changes around the safeguarding of adults has increased the demand for other

assessments. This has impacted on operational teams and ultimately affected assessment timescales.

7. The department continues to monitor operational pressures and waiting times whilst utilising alternative ways of working including mobile technology and local OT clinics to improve efficiency in handling demand.

Reablement

8. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a short period of intensive support. START reablement takes place in the person's own home and Intermediate Care reablement can take place either in the person's home or in a residential setting.
9. An important measure of the success of the START Reablement service is whether, following this specific intervention, service users can live independently and require no further ongoing formal support. Performance for Quarter 1 shows that 66% of people required no ongoing package of support following the START Reablement service. This is an improvement on 2014-15 and close to the annual target of 67%.
10. A further measure of both START and Intermediate Care reablement is the proportion of older adults who are still at home 91 days after being discharged from hospital into one of these services. At Quarter 1, 92.7% of older adults were still living independently 91 days after they were discharged from hospital and received one of these services. This measure is a national measure and is part of the Council's Better Care Fund submission. The Council's performance nationally is good and currently above target.

Admissions

11. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) remains a national priority. The two main tools for managing performance are through providing appropriate alternatives to long-term care and through the careful and consistent management of admissions to residential or nursing care.
12. For younger adults, performance is within target for Quarter 1 (18 against a full year target of 75). Admissions into long-term care are being actively managed through the use of alternative placement types such as supported living where appropriate.
13. For older adults, the number of new admissions into long-term care is also within target to date (222 against an annual target of 948). The target set for this year represents an annual 15% reduction in admissions. This challenging target aims to move Nottinghamshire's position closer to its peer group average for this measure (based on provisional 2014-15 data). Admissions into long-term care are being actively managed through scrutiny of all cases at accommodation panels and the provision of more alternatives within the community such as Extra Care and short-term assessment beds for those older people leaving hospital.
14. Admissions into long-term care direct from hospital have reduced since the introduction of short-term assessment beds for people being discharged from QMC hospital. This

service is based in Leivers Court and enables people being discharged from hospital to receive reablement support and a more thorough assessment to see if they are able to return home.

15. As this service expands and is able to accept more people the number of admissions into long term residential or nursing care direct from hospital should reduce further.

Personalisation

16. Previous strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 1.

Better Care Fund

17. The Better Care Fund is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative, which combines resources from the NHS and local authorities into a single pooled budget.
18. This integration is a complex process and to help monitor progress nationally, a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The four measures reported in **Appendix A** form part of the national Better Care Fund suite of measures which commenced in 2014-15 and continues within the current year.
19. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health. Quarter 1 performance shows an improvement on the previous year.

Adult Social Care and Carers Surveys

20. The remaining four measures are based on the Adult Social Care Survey which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.
21. Provisional results for the 2014-15 survey are available in **Appendix A**. Overall the majority of measures have seen positive improvement on the previous year with the exception of overall satisfaction which saw a minor reduction.
22. Final results will be available later in the year once submissions from all authorities have been checked and validated by the Health and Social Care Information Centre (HSCIC).

Other Options Considered

23. The report is for noting only.

Reason/s for Recommendation/s

24. The report is for noting only.

Statutory and Policy Implications

25. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Committee notes the performance update for the period 1 April to 30 June 2015.

David Pearson

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

26. There are no constitutional comments as this report is for noting purposes.

Financial Comments (KAS 14/09/15)

27. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

Indicator	Current Value	Annual Target	Previous Period	Good is...
Assessments				
Percentage of assessments carried out within 28 days (Q)	60%	80%	56%	high
Reablement				
No on-going package following START Reablement (Q)	66%	67%	64%	high
Delayed Transfers of Care				
Delayed transfers of care attributable to adult social care per 100,000 population(Q)	1.6	2.3	2.4	low
Delayed transfer of care from hospital per 100,000 population (Q)	5.5	11.2	11.6	low
Admissions				
Permanent admissions to residential or nursing care for older adults (Q)	222	948	1,115*	low
Permanent admissions to residential or nursing care for adults aged 18-64 (Q)	18	75	84*	low
Personalisation				
Service users who receive self-directed support and/or a direct payment (Q)	100%	100%	100%*	high
Service users who receive self-directed support all or part as a direct payment (Q)	51%	53%	51%*	high
Better Care Fund				
Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q)	34%	34%	37%	low
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Q)	91%	90.7%	89.7%	high
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q)	2,559	2,680	2,589	low
Permanent admissions of older people to care, per 100,000 population (Q)	549	657	724*	low
Surveys				
Social care related quality of life (A)		NA	19.2*	high
People who use services who have control over their daily life (A)		NA	80%*	high
Overall satisfaction of service users with their care and support (A)		NA	65%*	high
People who use services who feel safe (A)		NA	67%*	high

*Figures are provisional (subject to final verification by HSCIC). These are only produced annually.

Reporting Frequency

(Q) Quarterly

(Y) Yearly

5 October 2015

Agenda Item: 10

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015/16.

Information and Advice

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.
5. The following changes have been made to the work programme since the last meeting of the committee:

New items added:

National consultation on reform of Deprivation of Liberty Safeguards – 5 October 2015
Personal Health Budget Proposals from the Vanguard Site – 30 November 2015
Transforming Care: Response to the Winterbourne View Report – 7 March 2016
Update on the Future of the County Horticulture Service – 7 March 2016

Items moved:

The Social Care Market: provider cost pressures and sustainability - report will now form part of the overall considerations about budget pressures across the Council

Developing the Mid-Nottinghamshire Better Together Programme: Commissioner Provider Alliance Agreement - report moved to 2 November 2015, to allow additional time for discussion and amendment of the proposed Commissioner Provider Memorandum of Understanding, prior to seeking Member support.

Other Options Considered

6. None.

Reason/s for Recommendation/s

7. To assist the committee in preparing its work programme.

Statutory and Policy Implications

8. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
2nd November 2015			
Health and Social Care Integration in Mid Nottinghamshire	Progress update on the proposals for integration with health in mid Nottinghamshire	Service Director, Mid Nottinghamshire	Wendy Lippmann
Savings and Efficiencies Delivery Group Update	Report on progress with savings programmes within this delivery group	Programme Director, Transformation	Ellie Davies
Direct Services Delivery Group Update	Report on progress with savings programmes within this delivery group	Programme Director, Transformation	Ian Haines / Jennifer Allen
Market Management Delivery Group Update	Report on progress with savings programmes within this delivery group	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
East Midlands Sector Led Improvement – outcome of self - assessment and local challenge	Outcome of annual self-assessment and local challenge with regard to performance of the department.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Request to Extend the Principal Social Worker Post	Review of the work undertaken by the post to date and a request to extend the post	Service Director, Strategic Commissioning, Access and Safeguarding	Tina Morley-Ramage
Progress Report on the Care Act:	Update on the implementation of the first phase of the reforms under the Care Act	Programme Director, Transformation	Bronwen Grieves
Appropriate Adults Service			Gill Vasilevskis
Update on the Development of Members' Visits to Care Homes	Update on the development of the process for involving Members in audit visits to residential and nursing care homes	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
30th November 2015			
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Care Act: Final Guidance for 2015/16		Programme Director, Transformation	Bronwen Grieves
Social Care Clinics	Report on the outcome of the pilot and proposed recommendations for action	Service Director, Mid Nottinghamshire	Phil Cooper
National Children and Adult Services Conference 2015	Report on attendance at the Conference in October	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
Proposed Changes to the First Contact Scheme: Outcome of Consultation	Report on the outcomes of the consultation and the recommendations for action	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow / Josephine Yousaf / Jessica Chapman
Progress Report on the Delivery of Single Meals Production and Delivery Service	Update on progress with this programme of work	Interim Service Director, North Nottinghamshire and Direct Services	Lorraine Mills
Personal Health Budget Proposals from the Vanguard Site	Update on the Personal Health Budget work taking place with health in the Vanguard site in mid Nottinghamshire	Service Director, Mid Nottinghamshire	Cherry Dunk / Nigel Walker
11th January 2016			
Deprivation of Liberty Safeguards Progress Report	Update on the situation in relation to Deprivation of Liberty Safeguards (DoLS) work in the County	Service Director, Mid Nottinghamshire	Tina Morley-Ramage
Outcome of the Sector Led Improvement Peer Review 2015	Report of the sector led improvement peer review of ASCH&PP in Nov 2015.	Corporate Director, Adult Social Care, Health and Public protection	Jennie Kennington
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
8th February 2016			
Carers' Information and Advice Hub and Support Service Progress Report	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice
7th March 2016			
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Transforming Care: Response to the Winterbourne View Report	Six-monthly update to include finance information as detailed in report of 2 March 2015	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Update on the Future of the County Horticulture Service	Update on the proposed revised staffing structure for the new service following consultation	Service Director, North Nottinghamshire	Jane McKay
18th April 2016			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
16th May 2016			
13th June 2016			
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
11th July 2016			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in Hospital	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital	Service Director, Access and Public Protection	Steve Jennings-Hough / Yasmin Raza

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, South Nottinghamshire	Paul Johnson
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard

ASCH333

5 October 2015

Agenda Item: 11

REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING, ACCESS AND SAFEGUARDING

CARE HOME PROVIDER CONTRACT SUSPENSIONS

Purpose of the Report

1. The purpose of the report is to give an overview of live suspensions of care home provider contracts in Nottinghamshire.

Information and Advice

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. Nottinghamshire County Council places significant emphasis on monitoring the standard of the care which it commissions through independent sector providers, and supporting providers to make improvements. The Council undertakes this monitoring work in partnership with other agencies, including the relevant Clinical Commissioning Groups (CCG), Healthwatch, and on occasion, the Care Quality Commission (CQC), and shares information routinely with these organisations to build up a picture of risk levels and impact on outcomes for people accommodated at the services.
4. Quality Development Officers (QDO) undertake annual quality audits for older people's care homes within Nottinghamshire that the Council contracts with to inform the allocation of a 'banding' to which a fee level is attributed. The same staff also undertake audits for younger adults' care homes and both work programmes are determined and managed through a risk based approach. Since April 2014, these work programmes have been conducted in partnership, where possible, with quality monitoring staff from the appropriate CCG, which enables both health and social care commissioners to identify and act on shortfalls in outcomes for people in partnership.
5. Concerns expressed by people accommodated at a service, care workers, professionals and other agencies, safeguarding referrals, and inspections by CQC result in additional responsive visits by our QDOs and CCGs. The Council and health partners might at this point issue an improvement notice, which is warranted where a breach of contract has been evidenced. If subsequent improvement is not forthcoming, is protracted, or there is a significant potential of or actually evidenced poor outcomes for people accommodated

at the service, then the Council and health partners jointly might move to a position of suspending the contract with the provider. This means that no further Council and CCG-funded users would be placed in that facility to enable the provider to focus on making improvements. A voluntary undertaking not to admit people who fund their own care and support to the service might also be sought from the provider. Whilst this is not legally binding, it does signal a more positive approach to partnership working and commitment to improve from the provider. It does not exclude the formal contract suspension being evoked at a later point.

6. The Council's Care & Support Services Directory provides the following information on and explanation of suspensions to people researching services:

While all care homes/care homes with nursing are required to be registered with the Care Quality Commission, if we are contributing to your care fees, then we will have a separate agreement in place with the care home/care home with nursing. This is done to ensure that the Council and the care home/care home with nursing know exactly what is required from the service.

Occasionally it may be necessary to temporarily suspend placements into a care home/care home with nursing.

This may be done for a variety of reasons:

- *to investigate a concern*
- *to allow time for improvements to be made*
- *to take the pressure off a care home/care home with nursing if they are experiencing a problem.*

Sometimes a care home/care home with nursing itself may request a temporary suspension of placements so that it can make changes.

While a placement suspension is in place no further local authority placements will be made to the care home/care home with nursing and alternative placements should be sought.

If there are serious concerns about a care home/care home with nursing, residents and/or their relatives will be informed of the situation.

7. If, despite the intervention of a suspension and further support, improvements are not forthcoming, are exceptionally slow, or if poor quality care continues to be evidenced, the Council would consider a move to terminate the contract with that provider.
8. Currently the contracts for three care homes are suspended by the Council. Further detail is given in the **Exempt Appendix** to this report. A task force was set up within the Market Development Team in January 2014 to offer specialist advice and support to care homes identified as providing poor quality care. The team has worked with 32 providers since its creation to plan and agree the required actions for improvement with clearly defined timescales. Key targets included ensuring the care homes have a suitably trained, qualified and registered manager to provide leadership and appropriately trained nursing

staff, where relevant. In addition, the monitoring of quality by providers themselves has also been a focus.

9. The task force work combined with robust application of the Council's escalation process has both held care home providers to account and resulted in the lowest level of care homes under contract suspension in five years at 3 compared to 15 over 2013.
10. The Council makes a range of agencies and internal stakeholders, including operational staff and ward Councillors, aware of a suspension. If a service is suspended then people accommodated and their relatives are notified by the Council in partnership with the provider, the CCG and CQC, where relevant via a relatives meeting, along with the reason for suspension, prior to more general public information release.
11. The lifting of a suspension is undertaken once the Council and partner agencies are satisfied that improvements can be sustained, and in discussion with the provider.

Other Options Considered

12. The methodology for the Council's risk escalation procedure and its relationship with other relevant agencies has been developed through a partnership approach over many years. No other options have therefore been considered.

Reason/s for Recommendation/s

13. The report is for noting.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. There are no financial implications.

Human Resources Implications

16. There are no human resources implications.

Implications for Service Users

17. Some of the most vulnerable adults are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. Suspensions of services seek to reduce and wherever possible eliminate poor quality care home provision and enable providers to consolidate and improve the care and support to people accommodated.

RECOMMENDATION/S

- 1) That the overview of live suspensions of care home provider contracts in Nottinghamshire be noted.

Caroline Baria

Service Director for Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

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Constitutional Comments

18. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 14/09/15)

19. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.